

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00615120 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Causeway Solutions		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 05 / 2016	
Mailing Address PO Box 9114		Amount 1800.00	
City Metairie	State LA	Zip Code 70055	Transaction ID : SE.4305
Purpose of Expenditure Federal Radio Ad Development and Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 05 / 2016
Name of Federal Candidate HIGGINS, CAPTAIN CLAY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

Full Name of Payee Media Ad Ventures Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 05 / 2016	
Mailing Address 8136 Old Keene Mill Rd Ste A-300		Amount 68333.30	
City Springfield	State VA	Zip Code 22152	Transaction ID : SE.4303
Purpose of Expenditure Federal TV and Cable Ad Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 05 / 2016
Name of Federal Candidate HIGGINS, CAPTAIN CLAY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	70133.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SKELLY, WILLIAM, , ,

[Electronically Filed]

Date

MM / DD / YYYY
12 / 06 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00615120							
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1"> <tr> <td>M M M</td> <td>D D D</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y			
M M M	D D D	Y Y Y Y Y Y							

Full Name of Payee Media Ad Ventures Inc.		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>D D D</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>05</td> <td>2016</td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y	12	05	2016
M M M	D D D	Y Y Y Y Y Y							
12	05	2016							
Mailing Address 8136 Old Keene Mill Rd Ste A-300		Amount <table border="1"> <tr> <td colspan="3">10870.60</td> </tr> </table>		10870.60					
10870.60									
City Springfield	State VA	Zip Code 22152	Transaction ID : SE.4304						
Purpose of Expenditure Federal Radio Ad Development, Production and Ad Buy		Category/ Type	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>D D D</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>05</td> <td>2016</td> </tr> </table>	M M M	D D D	Y Y Y Y Y Y	12	05	2016
M M M	D D D	Y Y Y Y Y Y							
12	05	2016							
Name of Federal Candidate HIGGINS, CAPTAIN CLAY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: LA						
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td colspan="3">300060.60</td> </tr> </table>	300060.60			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff			
300060.60									

Full Name of Payee		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>D D D</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y			
M M M	D D D	Y Y Y Y Y Y							
Mailing Address		Amount <table border="1"> <tr> <td colspan="3"></td> </tr> </table>							
City	State	Zip Code	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>D D D</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	M M M	D D D	Y Y Y Y Y Y			
M M M	D D D	Y Y Y Y Y Y							
Purpose of Expenditure		Category/ Type							
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____						
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td colspan="3"></td> </tr> </table>				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1"> <tr> <td colspan="3">10870.60</td> </tr> </table>	10870.60		
10870.60				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1"> <tr> <td colspan="3"></td> </tr> </table>			
(c) TOTAL Independent Expenditures..... ▶	<table border="1"> <tr> <td colspan="3">81003.90</td> </tr> </table>	81003.90		
81003.90				

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SKELLY, WILLIAM, , ,

[Electronically Filed]

Date

M M M	D D D	Y Y Y Y Y Y
12	06	2016

Signature